276 238-1545 RECEIVED CENTRAL FAX CENTER

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of

Applicant : Jean-Paul Chollon, et al.

Serial No. : 09/657,216 Filed : 09/07/2000

Examiner : Gerald J. O'Connor

Group : 3627

Entitled : System and Method for Front End

Business Logic and Validation

Docket No. : END920000105US1

Mail Stop AF Commissioner For Patents P. O. Box 1450 Alexandria, VA 22313-1450

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the following attached correspondence comprising 26 pages:

CERTIFICATE OF FACSIMILE TRANSMISSION 1 page
FEE TRANSMITTAL 1 page
AMENDMENT AFTER FINAL 24 pages

is being facsimile transmitted by me to the United States Patent and Trademark Office at (571) 273-8300, on the date below.

SHELLEY M BECKSTRAND

Date: 19 Nov 2005 Celley of Capatiand

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p.2

## NOV 19 2005

FEE TRANSMITTAL for FY 2005 (Large Entity)

Attorney at Law

Application Number 09/657,216 Filing Date 7 SEP 2000 TOTAL AMOUNT OF PAYMENT: 0.00 First Inventor J. CHOLLON Art Unit 3627 Attorney Docket END920000105US1 METHOD OF PAYMENT IBM Deposit Account 09-0457 Check Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and Credit any overpayments FEE CALCULATION BASIC FILING, SEARCH, AND EXAMINATION FEES: FILING FEES SEARCH FEES EXAMINATION FEES Application Type Fee (\$) Fee(S) Fee(\$) Fee Paid(\$) Utility 300 500 200 O Reissue 300 500 600 Provisional 200 ٥ n EXCESS CLAIM(S) FEBS Fee Description Each claim over 20 or, for Reissues, over 20 and more than in the parent patent \$ 50 Each independent claim over 3 or, for Reissues, more than in original Extra Claims Fee(\$) Fee Paid (\$) - 20 or HP = Total Claims x \$ 50 Indep Claims 3 or HP = x \$200 Mult Dep Claim APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. (35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).) Total sheets Extra Sheets Number of Additional 50 Fee(\$) Fee Paid (\$) \_ - 100 **=** \$250 OTHER FEES Non-English Specification \$130 Other: SUBMITTED BY Signature Date 19 NOV 2005 Name Shelley M Beckstrand Registration No. 24,886 Telephone 276 238-1972

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## AMENDMENT AFTER FINAL

Honorable Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Responsive to the Final Office action of 11/21/2005, please amend the above-identified application as follows: